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OFFICE OF REGULATORY STAFF

November 1, 2010

Public Service Commission of S.C. Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, SC 29211

2009-214-T 2010-102-T

Re:

Harrison Transportation, LLC

Dear Sir or Madam:

Please find enclosed Class C Reinstatement Form which I am filing with your office on behalf of Harrison Transportation, LLC. Please let me know if you need any additional information.

Herbert Harrison, the owner of Harrison Transportation, LLC has apparently relied on his insurance agency to make sure the fees with the Public Service Commission were up to date. There was a specific lady there who always helped him with this. She apparently left the company and he did not know it. As a result, he got behind in his fees and his license with your agency was revoked. Mr. Harrison is a very fine gentlemen who, unfortunately, is not very sophisticated. He did not intentionally try to avoid paying any fees.

Mr. Harrison is go ing to get the vans repainted with the correct name of Harrison Transportation, LLC put on them.

Please let me know if you need any additional information.

With kindest regards, I am

Sincerely,

Donald H. Howe

DHH:tgw Enclosure

cc: Ms. Carole Chauvin

SC Office of Regulatory Staff

NOV 0 3 2010

PSC SC CLERK'S OFFICE

CLASS C REINSTATEMENT FORM

rile the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE	OFFICE OF REGULATORY STAFF
Please consider this an application for Reinstatement Taxi Certificate Number 3154-A	ent of my: NOV 0 3 2010
Charter Certificate Number	
Charter Bus Certificate Number	
Non-Emergency Certificate Number	
My certificate was revoked/cancelled on 5/3/10 because of failure	
_ pearas	he First Half year 2010 enforcem
am seeking reinstatement because for several years my insurance rep. always made sure these fees got paid on time but she lett the company and I	
chid not know it.	•
Harrison Transportation Ild (Name of Company)	
B 8724 Silver Creek Ln	(if applicable)
(Street Address)	(Mailing Address if different from Street Address)
(City, State, Zip Code)	(Signature)
843-345-1836 (Telephone Number)	(A) President
(Leichione Milling)	(Title) Owner, President, etc.